

NAVSEA
STANDARD ITEM

FY-05

ITEM NO: 009-67
DATE: 30 AUG 2002
CATEGORY: I

1. SCOPE:

1.1 Title: Integrated Total Ship Testing; manage

2. REFERENCES:

2.1 None.

3. REQUIREMENTS:

3.1 Prepare and manage an Integrated Total Ship Test Management Plan.

3.1.1 Define and document the responsibility, lines of authority, and interrelation of personnel who manage, perform, or verify work.

3.1.2 Include a schedule of the restoration of ship's installed services to support completion of Stage 5 testing.

3.1.3 Include a procedure for reporting problems in delivery dates of the Contractor furnished material (CFM), Government furnished material (GFM), Government furnished equipment (GFE), and Government furnished information (GFI) for ship's systems.

3.1.4 Include organizational responsibility for equipment and system installation, repair, maintenance, start-up, operation, and test.

3.1.5 Submit one legible copy, in hard copy or electronic media, of the Management Plan to the SUPERVISOR not later than 15 working days prior to start of availability.

3.2 Develop an Integrated Total Ship Test Plan, using GFI for guidance.

3.2.1 Include a shipyard Test Sequence Network (TSN) and test schedule, with Government and Contractor responsibilities defined.

3.2.2 Include required external services, with Government and Contractor responsibilities.

3.2.3 Include a list of necessary test equipment and software, with required dates and responsible provider.

3.2.4 Include organizational responsibility for equipment operation and accomplishment of testing, including Government and Contractor manning requirements.

3.2.5 Include a list of SUPERVISOR, contractor, Alteration Installation Team (AIT), and Ship's Force key test team personnel, with test sign-off authority.

3.2.6 Include administrative procedures for submittal of Test Problem Reports (TPRs), Test Procedures (TPs), Test Failure Reports (TFRs), and test status.

3.2.7 Include identification and display of the combat system critical path for testing.

3.2.8 Include provision for completion of total ship testing through Stage 5 prior to dock trials.

3.2.9 Define the requirements of both Contractor and Government for general and special purpose test equipment, weapon test shapes, dummy loads, and test weights, to accomplish total ship testing. Identify known and anticipated deficiencies in required type, quantity, calibration, or availability, to support the production or test schedule.

3.2.10 Submit one legible copy, in hard copy or electronic media, of the Test Plan to the SUPERVISOR at the start of the availability.

3.3 Develop and manage a Total Ship Testing Task Group.

3.3.1 The group shall consist of representatives of the SUPERVISOR, Contractor, AIT Team(s) on scene, and Ship's Force.

3.3.2 A Contractor representative shall act as Chairman. Decisions remain subject to approval of the SUPERVISOR.

3.3.2.1 Provide the status of Total Ship Testing. Document problems impeding progress of meeting scheduled dates or of satisfying technical requirements.

3.3.2.2 Maintain minutes and agendas. Minutes shall include a list of attendees, action items with assignments, highlights of proceedings, and identified problems with their potential impact.

3.3.2.3 Distribute copies of the minutes to the members not later than two working days after each meeting.

3.4 Manage Total Ship Testing.

3.4.1 Accomplish the requirements of the Test Plan of 3.2.

3.4.2 Coordinate testing in accordance with the Test Plan.

3.4.3 Coordinate stationing of test personnel in accordance with the Test Plan. Provide test procedures and test data sheets to test personnel.

3.4.4 Coordinate the performance of each test procedure and the recording of each test result on data sheet provided in Attachment A.

3.4.4.1 Ensure sufficient information is provided on the comment sheet for any identified discrepancy, including corrective action.

3.4.4.2 Submit one legible copy, in hard copy or electronic media, of completed data sheets and test procedures for each test in accordance with the Test Plan to the SUPERVISOR within five working days of test completion. Include the documentation of each test procedure not completed, and reasons for incompleteness.

3.4.5 Coordinate preparations for sea trials.

3.4.6 Develop a test status report that summarizes the results of the test and certification program.

3.4.6.1 Provide the rationale for test procedures not attempted, incomplete, or failed.

3.4.6.2 Provide details and status of test procedures that were completed with discrepancies.

3.4.7 Submit one legible copy, in hard copy or electronic media, of the test status report to the SUPERVISOR not later than five working days after completion of availability.

4. NOTES:

4.1 The ship's Commanding Officer will provide personnel for recording data during Ship's Force/Government responsible total ship testing.

4.2 GFI required to develop the Test Plan may include: Integrated Test Package (ITP), Total Ship's Test Requirements Index (TSTR), Test Index, Test Summary, and known AIT test requirements.

4.3 Stage 5 testing is that testing normally conducted between two or more sub-elements within the combat, mobility, support, or containment areas of the ship.

ATTACHMENT A

TEST PERFORMANCE, RESPONSIBILITY/WITNESS RECORD

TEST PROCEDURE:

TITLE:

SHIP'S NAME:

HULL NO.:

TEST PERFORMANCE

TEST RESULTS / STATUS (Check all that apply)

<input type="checkbox"/> Complete	<input type="checkbox"/> Failed
<input type="checkbox"/> Complete w/Discrepancies	<input type="checkbox"/> Not attempted
<input type="checkbox"/> Incomplete	<input type="checkbox"/> Aborted

If TPR issued TPR #: _____

Comments: _____

TEST RESPONSIBILITY / WITNESS

Test performed by: ☐ Contractor ☐ Ship's Force ☐ Government

Print and Sign Name: _____

Position and Responsibility: _____

If SF/GOV: Ship/Agency Name: _____

Dept/Code: _____

Tel/Fax Number: _____

Test witnessed by: ☐ Contractor ☐ Ship's Force ☐ Government

Print and Sign Name: _____

Position and Responsibility: _____

If SF/GOV: Ship/Agency Name: _____

Dept/Code: _____

Tel/Fax Number: _____

Test record received by: ☐ SUPERVISOR (Only)

Print and Sign Name: _____

Position and Responsibility: _____

Tel/Fax Number: _____